OFFICE OF SUBSTANCE ABUSE SERVICES

REPORT ON STRATEGIC PLANNING ACTIVITIES

August 2, 2004

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METHODS AND RESOURCES

On July 16, 2004, the Office of Substance Abuse Services hosted a meeting with a variety of constituents, including representatives of the Substance Abuse Council of the Virginia Association of Community Services Boards (VACSB), the Prevention Task Force of the VACSB, the Department of Psychiatry at VCU/MCV, the Virginia Association of Drug and Alcohol Programs, the SA Services Council, the Commonwealth Center for Children, the Substance Abuse Certification Alliance of Virginia (SACAVA), and knowledgeable community members. Although a representative from the Substance Abuse and Addiction Recovery Alliance (SAARA) was invited, she was unable to attend. Management staff of OSAS also attended, and the day was co-facilitated by the Director of OSAS and the Manager for Community Program Planning and Standards. A list of attendees is included as Appendix A. Tasks for the day were to (1) conduct a SWOT analysis, collect comments on a proposed OSAS Vision Statement, and share information about the direction of the Office.

The SWOT analysis built upon the results of a SWOT analysis conducted over one year ago in conjunction with the Department's Reinvestment Strategy. The facilitators believed that it was necessary to revisit the SWOT to broaden its focus and to refresh it. The SWOT data were collected as a "brainstorming" exercise, in which minimal discussion occurred while participants shared their opinions, followed by limited discussion for purposes of clarification once all the input had been gathered. Raw data are attached as Appendix B. The following discussion summarizes this information.

STRENGTHS

Strengths identified by the group appear to cluster around three major themes: systems, data and developing advocacy.

Systems strengths include

- The success of the HPR IV and V Census Diversion Projects focusing on diverting people with diagnosis of primary substance use disorders from admission to state mental health facilities;
- Other partnerships between the Dept and CSBs regarding responses to local issues (i.e., OxyContin abuse in far Southwest) or local initiatives (Courtland Center at Central Va CSB);
- Collaboration in developing programs for women and their dependent children; and
- Ongoing systemic emphasis on developing programs and services that are based on outcomes research.

Related to this was OSAS focus on *use of data and enhanced Research and Evaluation resources*. A third theme was the Department's *support of advocacy* activities, in particular, SAARA. There was also discussion about the considerable interest the Department's Board has expressed about treating and preventing substance use disorders (SUDs)

WEAKNESSES AND CHALLENGES

The group identified numerous problems, with an underlying theme *that few people understand the biological basis of substance use disorders, or are aware that effective treatments are available*. This lack of knowledge contributes to the perpetration of stigma, and a lack of focus and attention on SUDs resulting in lack of resources. Related to this issue, there was a strong feeling that there is general lack of knowledge about SUDs among all tiers of the medical and allied health professional community due to lack of training which is both attributed to as well as contributes to the general stigma connected to SUDs.

Major themes include:

- Lack of *resources*
- Poor coordination of, funding and capacity for services to *children*
- Lack of services, programs, funding and capacity for adults (and children) with *co-occurring* disorders
- Need for stronger *advocacy* at every level
    - among other state agencies (CJS, DMAS, DSS)
    - within the Department itself
    - with the General Assembly
    - General Public
- Among other state agencies, OSAS isn't recognized as the "home" of substance abuse services concerning treatment policies and technical advice
    - *Profile of OSAS needs to be higher*, both within the Department and within state government
    - SA is regarded as "tangential" within the Department
        - major focus of the Department on the MH facilities
            - disproportionate share of resources dedicated to facility services
            - pressure to comply with mandates associated with Olmstead and DOJ requirements
        - contributes to lack of focus on impact of SUDs
            - Lack of resources to serve co-occurring populations in the Reinvestment Plan
            - General SUD treatment capacity
            - OSAS lacks meaningful avenues to address policy and practice issues within state mental health facilities, such as inconsistent diagnostic practices.
- SA Diversion Projects
    - *Underfunded* compared to similar MH projects (DAC) even though number of SA consumers is considerable

- Lack of focus on "outcome" makes evaluation difficult (no data captured about consumer status when diverted) and results in a lack of data about the actual cost of diversion
  - *where* diverted to
  - clinical *outcome* of diversion
  - *SA Diversion Project has been level funded*
    - Considerably fewer resources are available for the SA diversion projects than for the MH diversion projects (e.g., DAP)
    - Numbers of people diverted due to SA is considerable.

- CSB system -- tension between two principles
  - *CSBs are citizen-focused*
  - *Department should exercise stronger oversightof CSB governance* (e.g., accountability for use of funds)

- Perceptions from the private and academic sectors
  - These systems *absorb the overflow resulting from diversion, as well as the general lack of capacity*.
    - Federal law (EMTALA) requires facilities to admit persons presenting in crisis
    - Number of persons with SUDs presenting in emergency rooms with crises increasing
    - Services are unreimbursed.
  - Department should improve inclusion of *private sector in its systems-level planning* to address this issue

- Funding
  - *Lack of insurance reimbursement* has shifted some demand for treatment capacity from the private sector to the public sector, due to the lack of true insurance parity for treating substance use disorders.

  - *Dissatisfaction with how the Department allocates resources* ("lack of community-based logic model for resource allocation and program development/design

  - Real cost of treating and preventing substance-use disorders is unknown because the field has become so adept as "making-do"

  - Lack of Medicaid reimbursement

  - Loss of General Funds dedicated to treatment

  - No General Fund prevention resources

OPPORTUNITIES

Opportunities included a strong emphasis on system-related actions in several significant arenas: funding; the stature and influence of OSAS within the Department and with other agencies; development of data systems and use of resulting data; and increased advocacy. Several of the items overlap categories.

- *Funding*
  - development and implementation of the Department's *Reinvestment Plan* (funds for SUD treatment from Reinvestment,
    - propose that funds be redirected from facility budgets to follow specific clients into the community
    - propose that resources be dedicated to address acute care SUD needs)
  - expanded *Medicaid* funding (to include testing use of EPSDT to support treatment for youth)
  - competitive grants

- *Improving the stature of the Office* (and the issues related to the treatment and prevention of SUDs) within the Department
  - include obtaining *SA specific representation on the System Leadership Council* by the chair of the SA Council of the VACSB, the chair of the Prevention Task Force, the Chair of the SA Service Council, and the President of VADAP),
  - strengthening the burgeoning *research partnership* between VCU(MCV), OSAS and the CSBs,
  - *including private sector leadership* (VADAP and VADAC) in systems planning and service delivery execution,
  - closer involvement with development of *quality standards* and assessment of service system delivery in the criminal justice system.

- *Data issues*
  - Senate Bill 304 (2004)
  - using data, such as cost-offset data, on health and criminal justice aspects of untreated SUD to advocate for additional funds to support treatment and recovery.

- A*dvocacy*
  - for specific issues
  - improved “issue packaging”

POLICY ACTIONS

- *Target Reinvestment funds* to support services for the populations with co-occurring MH/SA (children and adults)
- Win influence to *expand Medicaid coverage for SUDs*:

- Influence the Commissioner and other Departmental leadership to work through HHR to require DMAS to include DMHMRSAS in policy development and implementation regarding SA;

- Develop and disseminate a policy paper on using Medicaid for SUDs;

- Hosting a "summit" to explore and develop ideas about the use of Medicaid to support SUDs;

- Garner more support for key legislators (Senator Wampler) who initiate budget bills for Medicaid expansion.

- Develop a "how to" manual to support local program ability to *evaluate outcomes*;

- Develop a *logic model* to support resource allocation and program design; and

- Develop *"best-practice"-based standards* for treatment programs.

<u>FUNDING AND SERVICE DEVELOPMENT ACTIONS</u>

- *Reinvestment funds* to support
  - *crisis stabilization* services as the hub of community services for people with co-occurring disorders
  - targeted for *services currently not widely available* (e.g., housing, case management, adolescent treatment)
- *Expansion of Medicaid* should be a high priority in the Department and promoted as a cost-effective use of funds.

Appendix A

Attendees
Substance Abuse Services
Strategic Planning
July 16, 2004

Mort Casson, Ph.D., Clinical Consultant to community treatment substance use disorder treatment programs
Gail Burruss, Chair, Substance Abuse Council of the Virginia Association of Community Services Boards
Madelieine Dupre" -- Commonwealth Center for Children
Brendan Hayes -- Legislative Liaison, Substance Abuse Council of the Virginia Association of Community Services Boards
Elinor McCance-Katz, MD, Chair, Division of Substance Abuse Medicine, Department of Psychiatry, Virginia Commonwealth University
Brent McCraw, President, Virginia Association of Drug and Alcohol Programs
James C. May, Ph.D., Chair, Substance Abuse Services Council
Stephanie Savage, Virginia Association of Alcoholism and Drug Abuse Counselors
Freddie Simons, Chair, Prevention Task Force, Virginia Association of Community Services Board
John Penn Turner, Substance Abuse Certification Alliance of Virginia
Chuck Walsh, Executive Director, Middle Peninsula-Northern Neck Community Service Board
Will Williams, Director of Alcohol and Drug Treatment Services, Fairfax Community Services Board

Staff

Ken Batten, Director, Office of Substance Abuse Services
Lynette Bowser, Administrative Assistant
Hope Merrick, Manager, Prevention Services, Office of Substance Abuse Services
Mellie Randall, Manager, Community Planning and Program Standards, Office of Substance Abuse Services
Joe Stallings, Diversion Project Coordinator, Office of Substance Abuse Services
Minakshi Tikoo, Ph.D., Manager, Research and Evaluation, Office of Substance Abuse Services

Appendix B

OSAS SWOT ANALYSIS
July 16, 2004

Strengths

SYSTHPR IV & *V* Census Diversion
PROGWillingness to utilize innovative methods to address service delivery issues
D*Increased use of data*
P*Outcome, research-based prevention programs*
D&SYST*R&E dissemination of information has contributed to public perception of Dept/OSAS expertise*
D*R&E impact on national data agenda*
D*Increased use of data*
SYST/LOC*Response of CSBs to diversion of primary SA from facility admission*
SYST*Emerging partnership between Dept and CSBs*
SYST/PROG*Collaboration to develop programs for women and children*
ADV*Supporting and developing advocacy (SAARA, Community Builders Network)*
SYST/DEPT*Support from Dept re: recognizing co-occurring issue in Region V*
SYST/LOC*Rapid response to SA involved – Courtland Center*
SYST/DEPT*Dept response to OxyContin*
SYST/DEPT*State Board very interested in SA*

Weaknesses/Challenges

PROG/CO-OCLack of uniform diagnostic criteria for co-occurring
PROG/CHILDLack of focus on continuum for adolescents
PROG/CO-OCLack of public co-occurring treatment facilities
$Lack of community treatment capacity and supports
MC$Lack of Medicaid prevents appropriate care for co-occurring
PROG/CHILD*Lack of coordinated location of services for children &families*
SYST/CHILD*Lack of "ownership" for children's issues: too compartmentalized and lack of coordination and ownership*
PROG/CHILD*Lack of knowledge re: appropriate multi-system children's specific treatment model*
$/PROG/CHILD*Lack of focus on resources for children with co-occurring disorders*
$/CHILD*Lack of funding for services to children*
$/UNINURED*Lack of funding for indigent health care while cost is rising*
SYST*Lack of distinct awareness that OSAS is central SA "home"*
SYST*Lack of awareness that CSB is citizen focused*
SYST/PLAN*Lack of logic model for decision-making re: resource allocation (use of needs assessment data) including Prevention*
ADV*Lack of high visibility/ADVOCACY with General Assembly*
SYST/PLAN*Lack of defined outcomes – diversion*
SYST/PLAN*Lack of urgency – Dept's attention focused on DOJ/Olmstead – SA tangential*
ADV/SYST*Lack of acknowledgement that SUDs are distinct disability*
SYST/ADV*Lack of focus on SA treatment components in programs in general*

$/ADV/SYST*Funds go to CJS, not treatment*
SYST/PLAN*Lack of inclusion of private sector – diversion (and EMTALA) are bankrupting private sector*
SYST/WKFC*Lack of training in addiction in health care from physician to CNA*
DATA/$*Lack of data to support cost estimates in diversion project*
SYST/ADV*Language –"diversion" – to what?*

$Level funding for diversion/increased costs
PROG/SYSTInconsistent diagnostic practices in state facilities
SYST/PROG/CO-OCCo-occurring population not addressed in Reinvestment Plan
SYST/PLAN*Need to raise priority to services for CJS*
*SYST/$*A quiet but MASSIVE shift of responsibility for providing treatment for addictive disorders from PRIVATE SECTOR to public sector (90% of all SUD care now happens in public sector)
SYST/STATE/LOCAL*Quality of public system is dependent on governance of CSBs – Dept needs more control/standards*
SYST/STATE*Need improved coordination between various agency licensing and regulatory requirements specific to SA*
SYST/STATE*OSAS needs higher profile in Dept.*
ADV/$*STIGMA leads to lack of support related to lack of knowledge/addiction as an illness)*
SYST/STATE*Department is focused on facilities because that's where the money goes*
SYST/STATE/$*SA projects are underfunded compared to MH (Region IV diversion; Region V diversion)*
SYST/STATE/LOCAL*Field undersells cost of services resulting in underfunding*

<u>Opportunities</u>
SYSTReinvestment Plan
$Grants
SYST/STATE/LOCAL*Creation of co-occurring project*
SYST/ADV/$*Reinvestment – impact of SA on treatment*
SYST/$*Possibly access to additional Reinvestment funds for acute care*
SYST/$*Redirect resources from facility to community with funds following the client*
SYST/STATE*More involvement in Dept of Corrections' programs (developing standards) and community treatment*
SYST/$/ADV*Cost analysis of new DOC facilities vs. spending funds for treatment (Minnesota data)*
SYST/STATE*Establish OSAS in leadership role*
SYST/PLAN*Include private sector in planning and executing service delivery through VADAP and VADAC*
SYST/ADV/PLAN/$*Get SA treatment and prevention representatives on Systems Leadership Council (VADAP and private providers, VA CSB SA Chair, SA Svcs Council)*
SYST/STATE/MC*Medicaid – cost offset data to legislators,*
more support for Wampler,
message to Commissioner and HHR,

back door funds for co-occurring population (Clinic Option), but leads to misdiagnosis
test use of EPSDT
SYST/DATA/STATE/LOCAL*Research partnership with CSBs, MCV*
STATE/LOCAL/*Be cleverer about packaging/marketing SA treatment/prevention*
SYSTEM/DATA/STATE/LOCAL*SB 304*

Policy Actions
Reinvestment should target co-occurring population
System leadership should work through HHR to influence DMAS re: including DMHMRSAS in policy and implementation decisions re: SA
Host a Medicaid Summit
Develop and disseminate a policy paper on Medicaid for SA
Develop a "how to" document on program evaluation
Develop a logic model for resource allocation/program design
Develop standards for treatment programs

Funding/Service Development Actions
1. Use Reinvestment funds to support crisis stabilization services as the hub of community services for people with co-occurring disorders
2. Target future Reinvestment funds for new specialized services currently unavailable (housing, case management, adolescents)
3. Promote cost-effectiveness of expanding Medicaid coverage for SUDs